

1. PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH		State File No. _____ Registered No. <u>166</u>
County <u>Gila</u>		State <u>ARIZONA</u>		
Township _____		or Village _____		
City <u>Globe</u>		No. _____		St. _____ Ward _____
2. Full name of child <u>Franklin James Richards</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)				
3. Sex <u>Male</u>	If plural births _____	4. Twin, triplet, or other <u>single</u>	6. Premature _____ Full term <u>yes</u>	7. Is mother married? <u>yes</u>
		5. Number, in order of birth <u>second</u>	8. Date of birth <u>Dec. 15</u> , 19 <u>05</u> (Month, day, year)	
9. Full name <u>James Bennett Richards</u>		18. Full maiden name <u>Beatrice Frances Richards</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Globe, Ariz.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Globe, Ariz.</u>		
11. Color or race <u>White</u>	12. Age at last birthday <u>25</u> (Years)	20. Color or race <u>White</u>	21. Age at last birthday <u>30</u> (Years)	
13. Birthplace (city or place) <u>Gunnear, W. H. Connell</u> (State or country) <u>England</u>		22. Birthplace (city or place) <u>Redruth, Cornwall</u> (State or country) <u>England</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Miner</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
	16. Date (month and year) last engaged in this work <u>June, 1904</u>		25. Date (month and year) last engaged in this work _____, 19____	
17. Total time (years) spent in this work <u>2</u>		26. Total time (years) spent in this work _____, 19____		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>Two</u> (b) Born alive but now dead _____ (c) Stillborn _____				
28. If stillborn, period of gestation _____ (months or weeks)		29. Cause of stillbirth _____		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
I hereby certify that I attended the birth of this child, who was <u>Alive</u> at _____ m. on the date above stated (Born alive or stillborn)				
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>H. A. Holt</u> , M. D.		
Given name added from a supplemental report _____ (Date of) _____		or <u>Globe, Arizona</u> Midwife		
Registrar _____		Filed <u>Oct. 19</u> , 19 <u>05</u> <u>Jeffrey Morris</u> Registrar		